## Lake County, Ohio USA

Print a Dog License Application

## **Edward H. Zupancic**

Lake County Auditor

As of **December 1**, Lake County Dog Licenses are on sale at various locations throughout the county. All dogs 3 months or older must be licensed by Ohio law. The cost of a license is **\$15.00** through January 31. After that date the fee will be \$30.00, which includes a \$15.00 penalty, as required by Ohio State Law. (per O.R.C. 955.14)

For you convenience, please **print this page**, complete and return the form below for your dog license. Enclose a check or money order for the needed amount (\$15.00 or \$30.00) for each license and include a **SELF-ADDRESSED**, **STAMPED ENVELOPE with <u>64 cents</u> of postage**. Any application without a stamped, self-addressed envelope will be held for pickup at the Lake County Dog Shelter. Mail to: **The Lake County Auditor**, **Edward H. Zupancic**, **Dog License Department**, **105 Main Street**, **P.O. Box 490**, **Painesville**, **Ohio**, **44077-0490**. Licenses can also be purchased at local agents that represent the Auditor.

## APPLICATION FOR 2010 LAKE COUNTY DOG LICENSE

APPLICATION FEE - \$15.00 PER DOG – DUE BY JANUARY 31, 2010

This License expires January 31, 2011

| Current<br>License<br>Number | Age: Years/Months | Sex:<br>M/F | Spayed or neutered y/n | Color | Hair:<br>Long<br>Med<br>Short | Breed of Dog | Fee<br>paid | Penalty<br>(if needed) | Dogs<br>call name | For<br>Auditors<br>use only |
|------------------------------|-------------------|-------------|------------------------|-------|-------------------------------|--------------|-------------|------------------------|-------------------|-----------------------------|
|                              | /                 |             |                        |       |                               |              |             |                        |                   |                             |
|                              | /                 |             |                        |       |                               |              |             |                        |                   |                             |
|                              | /                 |             |                        |       |                               |              |             |                        |                   |                             |
|                              | /                 |             |                        |       |                               |              |             |                        |                   |                             |

| Name                     |                |  |
|--------------------------|----------------|--|
| Address                  | City/State/Zip |  |
| Day/Alternate Telephones |                |  |
| Signature of Applicant   |                |  |
| Date Signed              | Date Printed   |  |
| Email Address            |                |  |